



PRINCE
AVENUE CHRISTIAN SCHOOL

EMPLOYEE BENEFIT GUIDE | 2025

- ▶ Medical
- ▶ Dental
- ▶ Vision
- ▶ Basic Life and AD&D
- ▶ Voluntary Life and AD&D
- ▶ Short-Term Disability

- ▶ Long-Term Disability
- ▶ Telemedicine
- ▶ Flexible Spending Account (FSA)
- ▶ Accident, Critical Illness & Whole Life
- ▶ Employee Assistance Program (EAP)

Our Employees Are Our Most Valuable Asset

That is why we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

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ELIGIBILITY

All Full-time Active Employees are eligible for medical insurance. Your coverage begins on your date of hire for new employees or during open enrollment for current employees.

Dependents are eligible for coverage once you are eligible. Your eligible dependents include your legal spouse and your children up to age 26.

Once your benefit elections become effective, they remain in effect until the end of the plan year (**January 1, 2025 – December 31, 2025**). You may only change coverage within 30 days of a qualified life event.

QUALIFIED LIFE EVENTS

You can change your health, dental and/or vision coverage during the plan year only within 30 days of a change in status and/or Qualifying Event. In most cases, only changes consistent with the Qualifying Event can be made. For example, if you have a baby, you can add the baby to your health coverage, but you cannot enroll yourself in dental because that decision is not related to the Qualifying Event.

The Following is a List of Qualifying Events:

- Marriage, divorce, or death of yourself or a dependent
- Birth or adoption of a dependent child
- Change in the employee, spouse, or a dependents child's employment status
- Loss of dependent status
- Change in the employee, spouse, or a dependent child's residence that would affect eligibility for coverage
- Employee's receipt of a qualified medical child support order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) medical coverage for a child
- Changes made by a spouse or dependent child during his/her annual enrollment period with another employer
- The employee, spouse or dependent child becoming eligible or ineligible for Medicare or Medicaid
- Significant employer or carrier-initiated changes or cancellation of the employee, spouse or dependent child's coverage.

ENROLLMENT PROCEDURES

The following steps will guide you through the enrollment process:

- 1) Carefully review the plan information in this benefit enrollment guide. The insurance carriers' web sites also provide important information and tools that can help you make enrollment decisions.
- 2) Consider the needs of any dependents you may have. If you are married, review the coverage currently offered through your spouse's employer to avoid costly duplicate coverage.
- 3) Please access the portal to enroll in your benefits. All full-time eligible employees are required to access the portal and either accept or waive benefits.



Here are some terms that will be helpful to understand as you navigate your benefits package.

Coinsurance

A percentage of the total eligible medical expenses with costs shared between the member and the Plan to pay the total eligible medical expenses. Coinsurance now accumulates towards your out-of-pocket maximum.

Copayment (Copay)

The amount you must pay each time you access certain services (such as office visits) or purchase prescription drugs. Copays do not accumulate towards your deductible but do accumulate towards your out-of-pocket maximum.

Deductible

The dollar amount you must pay each calendar year before a plan pays benefits at the coinsurance level. Not all medical services are subject to a deductible. If you cover dependents, the family deductible amount will apply.

Out-of-Pocket Maximum

The most you are responsible for paying in any given calendar year, including your deductible expenses and copays.

Preventive Care

Any service performed in an office visit setting that is considered preventive in nature (such as immunizations, annual check-up visit). Preventive care is covered at 100% in-network, meaning that you pay zero dollars to see an in-network physician for these types of services.

Flexible Spending Account (FSA)

A flexible spending account is a pre-tax medical savings account available to those who would like to put aside money in a separate account to help pay for qualified expenses.

- With a healthcare FSA, you can contribute up to \$3,300 per year through payroll deductions to help pay for qualified healthcare expenses throughout the year.
- With a dependent care FSA, you can contribute up to \$5,000 per year through payroll deductions to help pay for qualified healthcare expenses throughout the year.

To learn more about the FSA options available to you, visit page 6 in this booklet.



MEDICAL PLAN| Guidestone

Prince Avenue is proud to offer Highmark BCBS as our medical network. Highmark BCBS offers an extensive network of providers to meet you and your family's needs. Our medical plans are comprehensive medical plans that meet all mandates required under the Patient Protection and Affordable Care Act.

Medical		Buy-Up		Core	
Guidestone		In-Network	Out-of-Network	In-Network	Out-of-Network
Co-Insurance		80%	50%	100%	50%
Plan Year Deductible (Embedded)		Embedded		Embedded	
Deductible <ul style="list-style-type: none">IndividualFamily		\$0 \$0	\$500 \$1,000	\$2,000 \$4,000	\$4,000 \$8,000
Out-of-Pocket Maximum <ul style="list-style-type: none">IndividualFamily		\$3,750 \$7,000	\$20,500 \$21,000	\$5,750 \$11,500	\$24,000 \$28,000
Office Visit Copay Primary Specialist		\$25 Copay \$45 Copay	50% Coinsurance 50% Coinsurance	\$25 Copay \$45 Copay	50% After Ded. 50% After Ded.
Preventive Visits		100% Covered	Not Covered	100% Covered	Not Covered
Inpatient Services		20% Coinsurance	50% + \$500 Copay	100% Covered	50% Coinsurance + \$500 Copay
Outpatient Services		\$25 Copay/visit	50% Coinsurance	\$25 Copay	50% Coinsurance
Emergency Room Services		20% Coinsurance + \$250 Copay	20% Coinsurance + \$250 Copay	0% Coinsurance + \$250 Copay	\$200 Copay + 20% Coinsurance
Urgent Care		\$50 Copay	50% Coinsurance	\$50 Copay	50% Coinsurance
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Prescription Coverage Retail (30 Days)		Buy-Up In-Network		Core	
Generic Drugs		\$15 Copay		\$15 Copay	
Preferred Brands		\$50 Copay		\$50 Copay	
Non-Preferred Brands		\$75 Copay		\$75 Copay	
Specialty Drugs:					
Generic		\$50 Copay		\$50 Copay	
Preferred		\$75 Copay		\$75 Copay	
Non-Preferred		\$100 Copay		\$100 Copay	
Mail Order (90 Days)					
Deductible					
Generic Drugs		\$30 Copay		\$30 Copay	
Preferred Brands		\$100 Copay		\$100 Copay	
Non-Preferred Brands		\$150 Copay		\$150 Copay	
Out-of-Network		100% of cost. After claim form submission, reimbursement based on allowable charges for covered drugs		100% of cost. After claim form submission, reimbursement based on allowable charges for covered drugs	

Telemedicine is an affordable plan that gives you and your family 24/7/365 access to U.S. Board Certified Physicians who can consult, diagnose, and if needed prescribe medication over the phone or via video technology for many common and acute illnesses. This benefit is provided at no cost to all full-time employees

100% Employer Paid for Full-Time Employees / 100% Employee Paid for Part-Time Employees

DENTAL PLAN | MetLife

Dental health is an important part of overall health. We offer full-time employees the opportunity to elect dental coverage at a minimal cost to you. As this is voluntary coverage, you are not required to enroll. However, we strongly encourage participation.

The MetLife Dental Plan offers a large network of dentists. You pay the same coinsurance percentage whether you use an in-network or out-of-network dentist. However, you will save money if you use a network dentist because network providers charge lower, negotiated rates. Using a non-network provider means you may be balanced billed for a higher rate.

Dental MetLife PDP Plus	In/Out-of-Network
Annual Deductible Individual Family	\$50 \$150
Preventative Services Cleanings, fluoride treatments, x-rays, space maintainers & sealants	100% After Deductible
Basic Services Restorative fillings, endodontics, periodontics, oral surgery & extractions	80% After Deductible
Major Services Inlays/onlays, bridges, dentures & crowns	50% After Deductible
Orthodontics (Adults & Children)	50% With \$1,000 Lifetime Maximum
Annual Plan Maximum	\$5,000
Preventive Incentive	Preventative Services do not count towards annual maximum

To find a dentist, look up your dental plan benefits, or find out more information, visit www.metlife.com/mybenefits.

100% Employee Paid



VISION PLAN | Davis Vision by MetLife

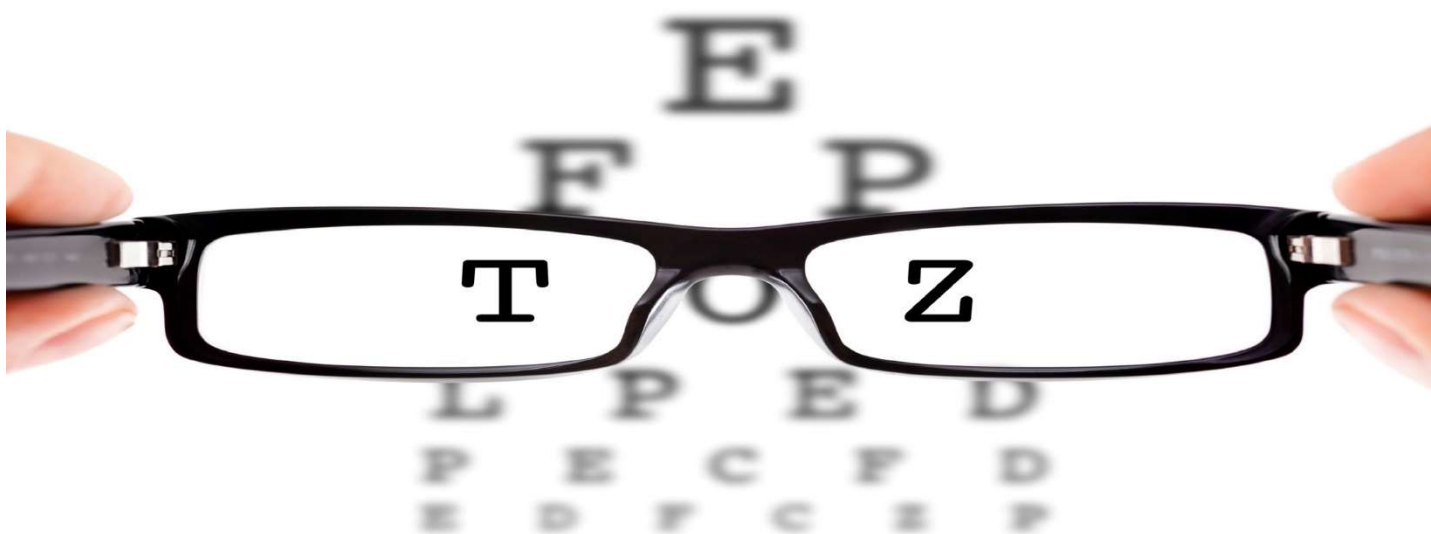
The Davis Vision by MetLife Plan is designed to help you and your dependents save money on routine vision care expenses. You will save money if you use a network vision provider. Out-of-network charges will be reimbursed up to a specified amount as defined by your summary of benefits. The Davis Vision by MetLife Plan has a large network of retail and chain providers, as well as independent, private practices and doctors.

This is a voluntary benefit, and you are not required to elect coverage. However, if you do elect this coverage, you will be responsible for the entire premium cost.

Vision Plan Davis Vision by MetLife Davis Vision Network	In-Network	Out-of-Network
Exams	\$10 Copay; then covered in full	\$45 Allowance
Eyeglasses		
Single Vision	\$25 Copay; then covered in full	\$25 Copay + reimbursement up to \$30
Bifocal	\$25 Copay; then covered in full	\$25 Copay + reimbursement up to \$50
Trifocal	\$25 Copay; then covered in full	\$25 Copay + reimbursement up to \$65
Lenticular	\$25 Copay; then covered in full	\$25 Copay + reimbursement up to \$100
Frames	\$20 Copay + \$130 allowance	\$25 Copay + reimbursement up to \$70
Contact Lenses (in lieu with glasses)		
Elective	\$130 Allowance	Up to \$105
Medically Necessary	\$20 Copay	Up to \$210
Frequency of Services		
Exam	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	

To find a vision provider, look up your vision plan benefits, or find out more information, visit www.metlife.com/mybenefits.

100% Employee Paid



BASIC LIFE & AD&D | THE HARTFORD & GUIDESTONE

We provide full-time employees with a total of \$15,000 in group life and accidental death and dismemberment (AD&D) insurance and pay the full cost of the benefit.

100% Employer Paid

VOLUNTARY LIFE AND AD&D | THE HARTFORD

We offer full-time and semi-part time employees with an opportunity to purchase additional life insurance. Employees are responsible for the full cost of this benefit.

New hires can elect up to the Guaranteed Issue amount.

Employee:	Benefit up to \$500,000 in \$10,000 increments
Guarantee Issue:	\$100,000
Spouse:	50% of employee benefit up to \$250,000
Guarantee Issue:	\$25,000

100% Employee Paid

See Enrollment Materials for per pay costs, which are based on current age

SHORT TERM DISABILITY | THE HARTFORD

Short term disability is offered through The Hartford and is financial protection in the event you are disabled due to an illness or an accident and are unable to perform the normal functions of your occupation for a short-term duration. This benefit pays 60% of your weekly earnings, up to a maximum of \$1,500 per week. You must be disabled for 14 days before the benefit starts to pay. It lasts up to 26 weeks. 3/12 Pre-Existing Condition Clause applies.

100% Employer Paid

LONG TERM DISABILITY | THE HARTFORD

Long term disability is offered through The Hartford and is financial protection in the event you are disabled due to an illness or an accident and are unable to perform the normal functions of your occupation for a long-term duration. This benefit pays 60% of your monthly earnings, up to a maximum of \$7,500 per month. You must be disabled for 90 days before the benefit starts to pay (it is set to kick in seamlessly once short-term disability ends). Benefit duration is 2 years or Social Security Normal Retirement Age. Long Term Disability is provided to full-time employees. 3/12 Preexisting Condition Clause applies.

100% Employer Paid

FLEXIBLE SPENDING ACCOUNT (FSA) | Wex Benefits

An FSA allows you to pay for medical care expenses pre-tax. With an FSA, you save approximately 25% for each dollar spent on these expenses. You also have the option to enroll in Dependent Care FSA and contribute to your account pre-tax.

Maximum Medical FSA	\$3,300
Maximum Dependent Care	\$5,000

Flexible Spending Account IRS Rules and Regulations

Changes in contribution amounts or stopping the contribution amount is not permitted unless you have a family status change

100% Employer Paid for FSA Monthly Fee



Colonial Accident Plan

Group Accident – helps fill the gaps created by increasing out-of-pocket costs related to common accidental injuries such as dislocations, fractures, burns, emergency dental work, and eye injuries. Benefits include emergency room treatment, x-rays, surgical care, hospital care, follow-up doctor's visits and rehabilitation costs. A \$50 health screening benefit is included.

Colonial Critical Illness Plan

Group Critical Care – Provides a financial cushion with a \$5,000 - \$100,000 lump-sum benefit if you are diagnosed with a covered critical illness, including: Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure, Permanent Paralysis due to a Covered Accident, Blindness, Coma, Occupational Infectious HIV or Occupational Infectious Hepatitis B, C, or D, Carcinoma in Situ (25%) or Coronary Artery Disease (25%). You will receive the full benefit amount for each initial diagnosis of a covered critical illness. If you are diagnosed with a recurrence, you will receive 25% of the benefit amount*. If you are diagnosed with cancer, you will receive an additional Cancer Treatment & Care Benefit that pays \$500/month of treatment, up to 12 months. This additional benefit assists with the extended costs associated with the treatment and care of cancer. The plan also includes an annual \$50 Health Screening Benefit per covered person and a one-time \$500 Skin Cancer Benefit payable once per covered person. As a newly eligible employee, you are guaranteed a policy, up to \$20,000 benefit amount, regardless of your health. A pre-existing condition limitation does apply.

*Recurrence and subsequent diagnoses must be separated by 180 days.

Colonial Whole Life Insurance

Whole Life Insurance – provides life-long protection for you and those who depend on you. This policy has guaranteed protection, guaranteed premium and guaranteed cash value. Two choice options are available to you: a paid-up policy at age 65 or paid at age 95. This is a permanent insurance policy that is yours to keep even if you leave your job or retire.

Enrollment is through the Employee Portal. Questions about your enrollment or the benefits of Colonial's Plans, please call your Colonial rep, Christian Maldonado at 678-804-7603 for assistance.

100% Employee Paid



EAP | THE HARTFORD

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

The Hartford provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it is a life event or on a day to day basis.

→ Unlimited telephonic consultation with clinicians available 24/7 at 1-800-96-HELPS (3577)

→ Referrals to counselors – up to three face-to-face visits per occurrence per year.



The Hartford can offer help with:

Funeral Concierge Services

- An online tool and live support to help guide you through key decisions. Allows for pre-planning, documentation of wishes and cost comparisons.
- For more information: 1-866-854-5429

Visit: www.everestfuneral.com/hartford

Use code: HFEVLC

Travel Assistance with ID Theft Protection

- Includes pre-trip information to help you feel more secure when traveling. Gives access to professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less.
- ID Theft Services are available at home or traveling
- Toll-free: 1.800.243.6108
Call Collect: 202.828.5885
Fax: 202.331.1528

EstateGuidance Will Services

- Helping to protect your family's future by creating a will online – backed by online support from licensed attorneys.

Visit: www.estateguidance.com

Use code: WILLHLF

100% Employer Paid

MEET YOUR CLIENT ADVOCATE | METRO ATLANTA FINANCIAL

Contact your Client Advocate to help you get the most from your group insurance plans. Coda Alfrey is ready to answer any of your benefits related questions:



- Need help solving a benefit related problem.
- Have a question about a benefit
- Have questions regarding a bill
- Need further clarification on an insurance matter
- Believe that your claim has not been processed properly

Metro Atlanta Financial Group

Coda Alfrey

Phone: 1.770.642.4599

Email: calfrey@mafmail.com

CONTACT INFORMATION

Metro Atlanta Financial Group has been selected as Prince Avenue Christian School's broker and consultant for the employee benefit program. Metro Atlanta Financial Group provides comprehensive employee benefits planning and represents all insurance carriers doing business in the marketplace. They will assist Prince Avenue Christian School with market analysis, including rate negotiations, plan design review, physician/provider network analysis and employee contribution analysis. They will also assist us with employee communication/education through meetings and payroll stuffers, problem resolution, employer support services and act as a reference resource regarding changing legislations and emerging trends in the benefits marketplace.

What will Metro Atlanta Financial Group do for you?

To help you get the most from your group benefits plans, Metro Atlanta Financial Group will assist you if you:

- Believe that your claim has not been paid properly
- Need further clarification on an insurance matter
- Have questions regarding a bill
- Have a question about a benefit
- Need help solving a benefit related problem

Plan	Contact	Phone Number	Website
Metro Atlanta Financial Group	Coda Alfrey	770.642.4599	calfrey@mafmail.com
Medical – Guidestone/Quantum		1.855.497.1230	https://www.guidestone.org/Organization
Telemedicine	RelyMD™	1.855.879.4332	www.patient.relymd.app
Dental	MetLife	1.833.393.5433	www.metlife.com/mybenefits
Vision	Davis Vision by MetLife	1.833.393.5433	www.metlife.com/mybenefits
Basic Life, AD&D, Short-Term & Long-Term Disability & Voluntary Life and AD&D	The Hartford	1.800.523.2233	www.thehartford.com
Accident, Critical Illness & Whole Life Insurance	Colonial	1.800.325.4368	www.coloniallife.com
Flexible Spending Account (FSA)	Wex Benefits	1.866.451.3399	www.wexinc.com/discovery-benefits
Employee Assistance Program	The Hartford	1.800.523.2233	www.thehartford.com



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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.